

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						APPLICANT(S) 09/403131	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				51
2		/		/			52
3		/		/			53
4	/		/				54
5		/		/			55
6		2		/			56
7		0		/			57
8		0		/			58
9		0		/			59
10		0		/			60
11		0		/			61
12		0		/			62
13		0		/			63
14		0		/			64
15		0		/			65
16		0		/			66
17		0		/			67
18		0		/			68
19							69
20							70
21							71
22							72
23							73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	2		2				TOTAL IND.
TOTAL DEP.	17		17				TOTAL DEP.
TOTAL CLAIMS	19		19				TOTAL CLAIMS